

Effective December 29, 1999

Application or Docket Number

09/537 707

Ellective December 29, 1999									9	7165	1. 1	0/	
CLA			AIMS AS FILED - PA (Column 1)			(Column 2)			MALL! YPE	ENTITY	OR	OTHER SMALL	
FOR			NUMBE	RFILED		NUMBER	EXTRA .	R	ATE.	FEE	1 [RATE	FEE
BASIC FEE			•	*	*		The Table 1			345.00	OR		690.00
то	TAL CLAIMS		13	minus	20=	*		X	(\$ 9=		OR	X\$18=	
	EPENDENT CL	2	minus	3 = 1	*		×	(39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+	130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	OTAL	345	OR	TOTAL	45	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		REM A	LAIMS MAINING FTER NDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	£.	Minus	**		= .	X	\$ 9=		OR	X\$18=	٠.
	Independent FIRST PRESE	*	ON OF M	Minus	***		=	×	(39=		OR	X78=	
	FIRST PRESE	MIAIN	JN OF IVIC	JLTIPLE UEI	PEND	ENT CLAIM	·		130=		OR	+260=	
		•						ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		_	lumn 1)	*		olumn 2)	(Column 3)						
AMENDMENT B		REN A	LAIMS MAINING FTER NDMENT	*	PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X	\$ 9=	•	OR	X\$18=	
	Independent	*		Minus	DENID		= '	×	(39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	130=	_	OR	+260=	
								TOTAL IT. FEE	·	OR	TOTAL ADDIT. FEE		
,		(Co	lumn 1)			olumn 2)	(Column 3)			•			
AMENDMENT C		REN A	LAIMS MAINING FTER NDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		= .	х	\$ 9= -		OR	X\$18=	
	Independent	*		Minus	***	•	=		(39=			X78=	
	FIRST PRESE	NTATI	ON OF M	ULTIPLE DE	PEND	ENT CLAIM		I ├^		- !	OR	7.70-	
	If the option as he	mn 1 is	loce than the	no ontre in cole	ump ?	write "O" in a	olumn 3		130=	·	OR	+260=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												